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ABSTRACT

A description is presented of a course, "Patient and Family Education," designed to provide second-year baccalaureate nursing students with the skills and knowledge necessary to educate patients about health care and treatment. Following a rationale for and general information about the course, a glossary of terms and a list of instructional materials are given. Next, major course goals, long-range objectives, and the units of instruction are enumerated. The bulk of the course description provides information on the individual course units, including, with some variation for each unit, an overview of content, statements of goals and objectives with sample test questions related to those objectives, informational texts, and a list of readings. The course units cover: (1) Patient and Family Education: An Overview; (2) Patient and Family Assessment; (3) The Use of Goals and Objectives; (4) Learning Theories; (5) Interpersonal Techniques; (6) Teaching Tools; (7) Planning and Implementation of Patient Education Programs; (8) Program Evaluation; and (9) Program Development. Finally, student evaluation criteria and a questionnaire on student perceptions of learning and teaching are presented. (LAL)

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PATIENT AND FAMILY EDUCATION

Nursing 190

JC 870 110

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March 11, 1987

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RATIONALE

Health educators can teach people to live their lives in the healthiest way possible. Through education programs clients can be taught illness prevention, wellness maintenance and promotion, and how to modify behaviors for a healthy lifestyle.

Due to the changing health care economy and increasing consumer awareness patient education has become an increasingly important issue for nursing. Federal and state agencies are looking at documentation of teaching. The legal system is holding nurses responsible for educating their patients and nurse practice acts are explicitly including patient education in their standards.

As consumers develop expectations and become better educated about their needs and rights in health care they are demanding reasonably priced quality care of which education is an integral part. CLients need a clear understanding of their illness and it treatment. However, there are few instruction resources to deal with teaching health education. Many articles stress the importance of patient education, but not how to teach. This course is designed to provide the student with skills and essential background knowledge for successful teaching, to promote patient education programs, and give students confidence in their teaching endeavors.

COURSE DESCRIPTION

This course is open to all second year baccalaureate nursing students. Class will meet 3 hours a week lecture, demonstration, role play, and discussion. Some field experience is required. This course will cover principles of teaching and learning; assessment, planning, implementation, and evaluation techniques used in patient education; teaching techniques and tools; how to write goals and objectives; and patient education program development.

This class will prepare the R.N. student for teaching responsibilities in the work setting. Students are expected to have some experience in patient teaching in an acute setting. Enrollment is limited to 25 students. The anticipated drop-out rate is 5%.

General information: All quizzes will be without references. The instructor expects the student to participate in class and be able to relate principles to client situations, not just regurgitate the material discussed.

GLOSSARY

Assessment - the determination of knowledge, abilities, or values.

Plan- arranging parts of nursing care or teaching

Implementation- to put into action

Evaluation- the process of determining success or failure of a program.

Tool- any medium used in instruction
Goal- the target the student is working toward

Objective- a specific task, knowledge, or attitude the student is expected to achieve.

Learning- the process of gaining knowledge, understanding, or skills through study or instruction.

Teaching- the process used to impart knowledge, behavior or attitude changes, or new skills.

Barrier- anything that interferes with learning.

MATERIALS OF INSTRUCTION

Required Texts

McCormick, Rose Marie Duda and Gilson-Parkevich, Tamar. Patient and Family Education- Tools, Techniques, and Theory. John Wiley and Sons, New York, 1979.

Redman, Barbara Klug. The Process of Patient Education. (5th ed.) C.V. Mosby Co., St. Louis, 1984.

A list of Bibliography materials is included with each unit.

COURSE CONTENTS

Major Course Goals

1. To increase confidence and competence of the student in patient and family education.

2. To promote and provide patient education programs.

The goals of this course fit those of the university in preparing the student for the profession of nursing and its inclusive patient teaching role.

Long Range Course Objectives

1. As determined by a follow-up visit, within 1 year of course completion 75% of the students will have developed at least 1 patient education teaching plan or instructional medium for use in their work setting.

2. Within 6 months, 90% of the students will express increased confidence in their patient education encounters as determined by a follow-up mail survey.

List of Units of Instruction

Each unit will take 1 week (3Hours).

I. Patient and Family Education: An Overview
II. Patient and Family Assessment
III. Goals and Objectives
IV. Learning
V. Interpersonal Techniques
VI. Teaching Tools
VII. Planning and Implementation
VIII Evaluation
IX. Program Development

UNIT I

PATIENT AND FAMILY EDUCATION: AN OVERVIEW

Recent changes in health care economy and increasing consumer participation in and awareness of legal, government, and insurance decisions have influenced the nurse and her role in patient education. Nurses need to know the trends, historical perspectives, philosophic, and legal background behind these changes to provide effective teaching to their clients.

Goal: The student will be familiar with trends, history, philosophy, and legal background of patient education and the nurse's and patient's roles in these processes.

Objective 1: In class, the student will list any three factors that have influenced the nurses role in patient education and how they have influenced the role.

Example: List any three factors that have influenced the nurses's role in patient education and how they have done so.

Answer: One factor that has influenced the nurse's role in patient education is the federal government. With the advent of DRG's, the nurse must begin patient education and discharge planning on admission. The government health plans will no longer pay for hospital costs, such as staying for patient education, if the patient is medically ready for discharge so the nurse must plan patient education as part of her daily routine.

Goal: The student will identify goals of health teaching and expected effects.

Objective 1: Verbally, in class, the student will participate in a discussion of the goals and effects of health teaching and how the focus of health education has changed over the years.

Objective 2: In class, the student will list 2 goals of health education and give an example of a program that would meet these goals.

Example:List 2 goals of health education and give an example of a program that would meet each of these goals.

Answer: One goal is disease prevention. Speakers, audiovisual materials, and pamphlets from the American Cancer Society work to inform the public about cancer prevention, detection, and how to cope with cancer after the fact.

UNIT I- PATIENT AND FAMILY EDUCATION: AN OVERVIEW

READINGS

American Hospital Association Statement on the Role and Responsibilities of Hospitals and Other Health Care Institutions in Personal and Community Health Education, Chicago, American Hospital Association, 1974.

American Nurses Association Standards of Nursing Practice, Kansas City, The Association, 1973.

Green, Lawrence W. "The Potential of Health Education Includes Cost Effectiveness", Hospitals 50 (May, 1976) 57-61.

McCaughrin, W.C. "Legal Precedents in American Law for Patient Education", Patient Counselling and Health Education 2: 135-141, 1979.

Mc Cormick and Gilson-Parkevich. Chapter 1.

Montiero, L.A. "Notes on Patient Education-A Neglected Area" Nursing Forum 3(1):26-33, 1964.

Redman. Chapters 1 and 2.

Redman, Barbara K. "Education as a Function of Nursing Practice", Nursing Clinics of North America, 9(December, 1971) 573-80.

Ulrich, Marian and Kelley, Kenneth. "Patient Care Includes Teaching", Hospitals, 46 (April 16, 1972) 59-65.

UNIT II- PATIENT AND FAMILY ASSESSMENT

Assessment, the first step in the nursing process, is essential to a successful teaching program. Through assessment the nurse can determine learning readiness, family interaction patterns, perceived learning needs, and deal with potential stumbling blocks before instruction begins. A thorough assessment benefits both teacher and learner.

Goal: The student will be able to identify the many factors that need to be assessed before beginning instruction and will understand how to deal with barriers to learning encountered.

Objective 1: From a case study, outside of class, the student will write a 2-3 page paper on factors that need to be assessed before beginning instruction and why this knowledge is important .

Objective 2: Verbally, in class, with 2-3 colleagues you will discuss how one of the following can serve as barriers to education.

a. Age, sex, developmental stage.
b. Language and cultural background (including religion).
   Asians
   Blacks
   Hispanics
   Indians
c. Education level (patient and family)
d. Family support system.
   (Include family interaction pattern and reaction to illness: parent-parent, parent-child, parent-siblings, child-siblings, peer interaction -real and perceived).
e. Socioeconomic status
f. Learning needs, level of anxiety, and readiness to learn.

Objective 3: In class, the student will corectly identify any 6 of 8 barriers to learning and give an example ~~of~~ how to correct the problem.

Example: List 6 of 8 barriers to learning and give an example how to correct each problem.

Language can serve as a learning barrier. If the nurse knows, for example the parents only speak Spanish she can arrange for a translator from the hospital if available, from the family, or plan for a Spanish speaking nurse to teach the parents. She will also have a chance to try and arrange for audiovisuals or written materials in their language.

Objective 4: In class, and from a given list, the student will identify those factors that need to be assessed before beginning teaching or those that can serve as barriers to learning (with 90% accuracy).

Example: Answer T for True and F for False.

_F_ Religious beliefs are not important enough to consider in planning teaching.

_T_ Anxiety, blame, and anger need to be resolved before beginning instruction so that parents can focus on learning material.

NURSING PATIENT AND FAMILY ASSESSMENT

A CASE STUDY

Lisa is a 19 month old Caucasion, short bowel syndrome child we received from a Riverside neonatal intensive care unit when she was 9 months of age. She had been transferred because her family had relocated near our institution and she needed to continue medical stabilization and advance her feedings. Due to numerous bowel resections resulting from necrotizing enterocolitis shortly after birth and feeding intolerences, she had never been home from the hospital. Her diet started as a Pregestamil drip via gastrostomy tube and was then advanced to a bolus maximum of 150 cc's every three hours. She was on hyperalimentation via Port-a-Cath which was decreased according to tolerance of formula. At 15 months of age her formula was changed to Prosobee which she tolerated better with decreased stooling. Her stools were usually loose and she occasionally ruminated but rarely had difficulties with maintaining her hydration status or electrolyte balance. Her medications were Reglan, Loperamide, and Kanamycin (for bacterial overgrowth in the bowel) and iron for mild anemia. She had Tylenol ordered for fever or irritability.

Lisa had a variety of therapy. The physical therapist worked on developmental stimulation as Lisa couldn't even crawl at 14 months of age. She advanced quickly and walked well independently at 17 months and her other motor skills were also

age appropriate at this time. The occupational therapist worked with oral stimulation to decrease tone and introduce Lisa to various foods (taste, smell, texture awareness) in preparation for oral feedings. The communicative disorders specialist worked with developmental and oral stimulation. At first, Lisa was quite resistant to anything in her mouth and responded by fighting and spitting. This behavior slowly decreased. At 18 months of age she would drink 6 oz. of formula at each meal in addition to consuming 2 jars of baby food without difficulty.

Lisa had a complicated social history. Her mother and three siblings aged 6, 4, and 2½ years, lived with maternal grandparents in a 2 bedroom home nearby since they couldn't afford the rent in the area. The father lived with a friend during this time, and both parents were unemployed. Both parents had a high school education, but had been unable to find a job. Lisa's father had recently been released from an inpatient psychiatric facility for overwhelming guilt experienced after his 2½ year old son lost his arm to their pet wolf, requiring below the shoulder amputation. He was in the process of being fit for a prosthesis at UCLA. (The family had been growing marajuana at their desert home.) Shortly after moving to our area, the family moved to a dilapidated trailer in the desert near Palm Springs, where rent was more affordable. Lisa's father found a job as a newspaper carrier and her mother found a job as a part time waitress. Shortly thereafter, her father moved to Big Bear to work as an apartment handyman. He never called

to inquire about her condition and only held Lisa on one occasion. During the other 2 visits, he just sat and watched television. In September, he was sentenced to 9 months in jail for burglary and child endangerment. During Lisa's hospitalization her maternal grandparents, who lived nearby, visited only once on her birthday. Her mother and siblings visited 5 or 6 times after much encouragement. Lisa's mother regularly missed scheduled teaching appointments. The family car was old and in poor running condition. Lisa's mother would call every week or two for the first two or three months and then about once a month thereafter. She was cooperative with Lisa's plan of medical care and stated she loved Lisa very much and was eager to take her home. She rarely discussed her personal life and stated the family had no religious preferences. Lisa's mother interacted appropriately with her and encouraged sibling interaction. Lisa responded as she usually did with other children; there was no special bond.

At 13 months of age Lisa began having tantrums- crying and screaming withour apparent reason and banging her head on the padded playpen. She would also throw herself down sharply on the crib mattress. This behavior quickly stopped if she was given attention or left alone in her room. She was also aggressive in her play- pushing, shoving, and throwing things, sometimes hitting caretakers on the face or chest. This was especially true when she was being held but not recieving undivided attention.

Lisa was ready for discharge at 19 months of age. She will

be going home with the Port-a-Cath, gastrostomy tube, and same medications.

UNIT II- PATIENT AND FAMILY ASSESSMENT

READINGS

Redman. Chapter 3.

McCormick and Gilson-Parkevich. Chapter 2.

Anderson, Claudia J. Cultural Strategies in Nursing Assessment and Strategies for the Family at Risk-High Risk Parenting, Suzanne Hall Johnson, ed., J.B. Lippincott Co., Philadelphia, 1986.

Millington, Marie J. and Ziebell, Leni Wright. Financial Strategies in Nursing Assessment and Strategies for the Family at Risk-High Risk Parenting, Suzanne Hall Johnson, ed., J.B. Lippincott Co., Philadelphia, 1986.

Becker, M.H. Understanding Patient Compliance: the Contributions of Attitudes and Other Psychosocial Factors. In Cohen, S.J., ed., New Directions in Patient Compliance, Lexington, Mass., D.C. Heath and Co., 1979.

Dodge, J.S. "Factors Related to Patient Perceptions of Their Cognitive Needs", Nursing Research, 18: 502-13, 1969.

MCCabe, G.S."Cultural Influences on Patient Behavior", American Journal of Nursing, 60: 1101-1104, August, 1960.

Snow, L.F. "Folk Medical Beliefs and Their Implications for Care of the Patient", Annals of Internal Medicine, 81: 82-96,1974.

Erickson, Marcene L. Assessment and Management of Developmental Changes in Children, C.V. Mosby Co., St. Louis, 1976.

Johnston, Maxine. "Folk Beliefs and Ethnocltural Behavior in Pediatrics", Nursing Clinics of North America, 12 (March, 1977) 77-84.

Leininger, Madelein. "Cultural Diversities of Health and Nursing Care", Nursing Clinics of North America, 12(March, 1977) 5-18.

Otto, Herbert A. "A Framework for Assessing Family Strength " in Family Centered Community Nursing: A Sociocultural Framework, Adina M. Reinhardt and Mildred D. Quinn, eds. C.V. Mosby, C., St. Louis, 1973.

UNIT III- GOALS AND OBJECTIVES

Goals guide teaching and learning. Objectives are the specifics that provide direction. They may include learning new skills changing attitudes or acquiring new knowledge. Both goals and objectives are needed for communication of expectations to the learner.

Goal: The student will be able to write goals and objectives.

Objective 1: Outside of class, the student will write a patient education goal and specific objectives for each of the domains-cognitive, affective, and psychomotor with 100% accuracy.

Objective 2: In class, given a list of statements, you will identify which are goals and which are specific objectives with 80% accuracy.

Example: A. Goal
B. Objective

1. The patient will be familiar with foods high in potassium.
2. In class, with no references, the student will list all 3 ways to take a temperature and the standard normal reading of each route with 100% accuracy.

Objective 3: Given a list of statements, in class, the student will identify what component of specific objectives is missing and rewrite the objective to meet the criteria of specific objectives.

Example: In class, the student will list high potassium foods.
Answer: There is no level of accuracy stated. In class, the student will, with no references, list any 5 of 6 high potassium foods.

Goal: The student will be able to identify behaviors in each of the taxonomic classifications- cognitive, affective, and psychomotor.

Objective 1: In class, the student will correctly match 9 of 10 behaviors with their correct taxonomic classifications.

Example: A. Cognitive
B. Affective
C. Psychomotor

A 1. In class, the student will correctly identify any 4 of 5 components of a neurovascular assessment.

C 2. Before discharge, the parent will demonstrate her child's burn dressing change using sterile technique.

UNIT III- GOALS AND OBJECTIVES

READINGS

Redman. Chapter 4.

McCormick and Gilson-Parkevich. Chapter 6.

Bloom, Benjamin S., ed. Taxonomy of Educational Objectives Handbook I: Cognitive Domain, David McKay Co., New York, 1956.

Mager, Robert F. Preparing Instructional Objectives, Fearon Publishers, Belmont, Calif., 1962.

Dave, R.H. Behavioral Objectives-evaluation in Nursing, D.E. Reilly, ed., Appleton Century Crofts, New York, 1980.

Gronlund, N.L., Stating Behavioral Objectives for Classroom Instructions, The Macmillan Co., New York, 1978.

Harrow, A.J., A Taxonomy of the Psychomotor Domain: A Guide for Developing Behavioral Objectives, David McKay Co., Inc., New York, 1972.

Krathwohl, D.R., Bloom, B.S., and Masia, B.B. Taxonomy of Educational Objectives; the Classification of Educational Goals Handbook II Affective Domain, David McKay Co. New York, 1964.

Simpson, E.J., The Classification of Educational Objectives in the Psychomotor Domain in Contributions of Behavioral Science to Instructional Technology; the Psychomotor Domain, Gryphon Press, Mt. Ranier, MD., 1972.

UNIT IV - LEARNING

Learning is the process of gaining knowledge, understanding or skills through study, instruction or experience. There are different types of learning an instructor must be familiar with in order to teach successfully. The instructor must also know what she can expect from her students in order to make the teaching/learning process a two-way street.

Goal: The student will be familiar with the components of learning and with popular learning theories in use.

Objective 1. Verbally, in class, and with 2-3 colleagues, you will discuss one of the following:
- a. Learning Theories
- b. Memory
- c. Cognitive Learning
- d. Attitude Learning
- e. Learning of Psychomotor Skills
- f. Adult vs. Child Learning

Objective 2. In class, given a list of statements about adult and child learning, you will note to which each applies.

Example: A. Child
B. Adult

_B_ 1. Has a wealth of life and work experiences.

_A_ 2. Needs to be taught according to age and developmental level.

Goal: The student will have empathy for learners of medical knowledge.

Objective 1. Outside of class, the student will write a 1-2 page paper on feelings he/she experienced in learning new knowledge or a new skill.

Goal: The student will recognize learner responsibilities and how they relate to the teaching/learning process.

Objective 1. In class, the student will identify 3 responsibilities of the learner and how they relate to the teaching/learning process. Give an example of each.

Example: Active participation is learning through doing. This provides the learner with a chance to try alternatives for dealing with health problems while he still has guidance from the teacher. An example of this would be practicing injections or asking questions about insulin dosages.

UNIT IV- LEARNING

READINGS

Redman. Chapter 5.

Petrillo, Madeline and Sanger, Sirgay. A Working Knowledge of Childhood ((Chapter 2) Emotional Care of Hospitalized Children. J.B. Lippincott Co., Philadelphia, 1980.

Ausubel, D.P., Stages of Intellectual Development and their Implications for Early Childhood Education in Neubauer, P.B., ed., Concepts of Develpment in Early Childhood Education, Charles C. Thomas Publisher, Springfield, Ill., 1965.

Gagne, R.M., The Conditions of Learning, Holt, Rinehardt,and Winston, Inc., New York, 1977.

Mezirow, J.A.,"A Critical Theory of Adult Learning and Education", Adult Education, 32: 3-24,1981.

Pidgeon, V.A.,"Characteristics of Children's Thinking and Implications for Health Teaching", Maternal Child Nursing Journal, 6(1): 1-8, 1977.

Whitt, J.K., Dykstra, W., and Taylow, C.A. 'Children's Conception of Ilness and Cognitive Development", Clinical Pediatrics, 18:327-339,1979.

Wu, R. 'Explaining Treatments to Young Children" American Journal of Nursing 65:71-3, July, 1965.

Havighurst, Robert. Developmental Tasks and Education, David McKay Co., Inc., New York, 1952.

UNIT V - INTERPERSONAL TECHNIQUES

Goals of teaching include the imparting of knowledge, behavior changes, attitude changes or learning new skills. Interpersonal interaction is often essential towards achieving these goals. The teacher needs to be familiar with the techniques available and how each can be used most effectively for patient and family education.

Goal: The student will be familiar with interpersonal techniques used in instruction.

Objective 1: In class, the student will define any 4 of 6 interpersonal teaching techniques and give an example of how each could be used in a patient teaching situation.

Example: Define any 4 of 6 of the following terms and give an example of how each could be used in a patient teaching situation.

Demonstration and practice
Demonstration-showing an intellectual skill or an attitude and how to do a motor skill.
Practice-repetition of an activity to gain competence and confidence.
Demonstration and practice techniques can be used, for example, in teaching patients or family members to give an injection.

Objective 2: Outside of class, the student will attend a class a registered nurse is teaching in the hospital or the community and write a 2-3 page paper on content covered, teacher-learner interactions and instructional media used.

Goal: The student will be familiar with the responsibilities of the teacher.

Objective 1: In class, the student will identify (with 90% accuracy) responsibilities of the teacher.

Example: Mark T for True statements and F for False statements.

_T_ Teaching should be relevant for the patient.

_F_ Assessment is not an important part of teaching.

UNIT V- INTERPERSONAL TECHNIQUES

READINGS

Redman. Chapter 6.

McCormick and Gilson-Parkevich. Chapter 2.

Petrillo, Madeline and Sanger, Sirgay. (Chapters 3,5, and 6) Emotional Care of Hospitalized Children, J.B. Lippincott Co., Philadelphia, 1980.

Lester, Priscilla A., Teaching Strategies in Nursing Assessment and Strategies for the Family at Risk-High Risk Parenting, Suzanne Hall Johnson, ed., J.B. Lippincott Co., Philadelphia, 1986.

Wise, P.Y., Adult Teaching Strategies, The Journal of Continuing Education in Nursing 11(6):15-17, 1980.

Cosper, Bonnie., "How Well Do Patients Understand Hospital Jargon?",American Journal of Nursing, 77:1932, 34, 77.

Johnson, J.E., "Easing Children's Fright During Health Care Procedures", Maternal Child Nursing Journal, 1:206-10, 1976.

Klinzing, R. and Klinzing, Dene G., The Hospitalized Child: Communication Techniques for Health Care Personnel, Prentice Hall, Englewood Cliffs, New Jersey, 1977.

UNIT VI - TEACHING TOOLS

Pictures give information. Some authorities believe that up to 80% of all learning is visual, but this varies with age, and cultural and educational background. Visual media can depict complex medical concepts, emphasize important attitudes and concepts, and give powerful psychological suggestions such as one can participate in many everyday activities even with a disease. Visual materials can decrease fear of the unknown and help with retention by making learning fun. Teachers need to learn to use audiovisual media to their best advantage

Goal: The student will be familiar with printed and nonprinted media available for instructional purposes and how each can be used to enhance teaching.

Objective 1: In class, and given a list of teaching tools, the student will correctly identify 6 of the 8 tools and give an example of how each could be used in patient education.

Example: Match each of the terms with its correct definition and give an example of how each tool could be used in a patient or family teaching situation.

B 1. Diagram
A diagram of the heart and the pattern of blood flow through the heart could be used to teach a parent the location of the problem regarding their child's heart. This diagram can show the relation between cyanosis and blood flow, for example, in Tetrology of Fallot and how the parent can help their child live life to his optimal capacity.

A 2. Chart

A. Organized group of facts about something.

B. A graphic design that explains rather than represents.

Objective 2: Outside of class, the student will develop a printed or nonprinted patient education material (see example),and write a brief description of the program it would be used in conjunction with and how.

UNIT VI- TEACHING TOOLS

READINGS

Redman. Chapter 7.
Pearson, Betty. "Learning Tool Selection", Supervisor Nurse, 6 (March, 1975), 30-1.

Smith, Dorothy L. Medication Guide for Patient Counseling, Lea and Febiger, Philadelphia, 1977.

Brown, James W. and Lewis, Richard B.,and Harcleroad, Fred F. A.V. Instruction- Technology, Media, and Methods, McGraw Hill Book Co., New York, 1973.

Minor, Ed. and Frye, Harvey R., Techniques for Producing Visual Instructional Media, MCGraw Hill Book Co., New York, 1970.

Friemuth, V.S., Assessing the Readability of Health Education Messages, Public Health Reports, 94: 560-70, 1979.

Isquith, R.N., Health Related Audiovisual Aids fo Spanish Speaking Audiences, Health Service Reports, 89:188-202, 1974.

Kerch, B.Y., Programming Classroom Instruction in Glaser, R., (ed.)Teaching Machines and Programmed Learning II- Data and Directions. National Education Association, Washington D.C., 1965.

Mohammed, M.F.B., Patients Understanding of Written Health Information, Nursing Research, 13:100-108, 1964.

Salomon, G., Interaction of Media, Cognition and Learning, Jossey-Bass, Inc., San Francisco, 1979.

Skiff, A.W., Programmed Instruction and Patient Teaching, American Journal of Public Health, 55:409-15, 1965.

Wood, M., 300 Valuable Booklets to Give to Patients and Their Families; a Source Guide, parts I and II, Nursing 74, 4:45-50 (April, 1974) and 4:60-66 (May, 1974).

UNIT VII- PLANNING AND IMPLEMENTATION

Planning a teaching program is often a time consuming process, but one of the most important steps in developing a program. This is the step in which details are attended to. Successful implementation can only occur after careful planning.

Goal: The student will be familiar with the categories of the experiential taxonomy.

Objective 1: The student will match with 100% accuracy the 5 categories of the experiential taxonomy with their definitions, in class.

Example:

b	1. participation	a. When the experience begins to affect the life-style of the participant.
a	2. internalization	b. The decision to become physically part of an experience.

Goal: The student will understand the principles of sequencing in instruction.

Objective: In class, using principles of sequencing prioritize the following elements of a teaching plan for home management of a child with a tracheostomy. (Number 1-12)

6	change tracheostomy tube	4	suctioning procedure
5	change tracheostomy tube ties	7	clean the tracheostomy tube
2	skin care	10	home safety
9	signs of respiratory distress	3	bulb suction
12	when to notify the MD	8	Home equipment/ supplies
11	emergency measures		
1	alterations in physiology of breathing with a tracheostomy tube		

Goal: The student will be able to plan and implement a teaching plan.

Objective 1: Outside of class, the student will develop a 2-3 page teaching plan. Include:

a. learner receptivity
b. goals and objectives
c. content to be covered

d. methods of teaching
e. teaching tools
f. evaluation methodology

UNIT VII-TEACHING: PLANNING AND IMPLEMENTING

READINGS

Redman. Chapter 8.

Kucha, Delores. The Health Education of Patients: Development of a System, Parts I and II. Supervisor Nurse, 5 (May, 1974)8-21 and 5(June, 1974) 8-15.

Wildman, T.M., and Burton, J.K., Integrating Learning Theory With Instructional Design", Journal of Instructional Development, 4(3): 5-13, 1981.

DiFlorio, Irene A. and Duncan, Patricia A., Design for Successful Patient Teaching", American Journal of Maternal Child Nursing, 11(4):246-49.

Foster, Susan D., "Designing A Teaching Plan", American Journal of Maternal Child Nursing, 11(1): 55

Foster, Susan D., Patient Education:Implementation", American Journal of Maternal Child Nursing, 11(3):201

UNIT VIII- EVALUATION

Evaluation is the process of judging effectiveness of teaching and learning with patients and families. This process is essential to determine what the learner has understood and is able to perform and to determine teaching effectiveness.

Goal: The student will recognize various methods of evaluation.

Objective 1: In class, the student will identify strengths and weaknesses of evaluation methods with 80% accuracy.

Example: List 1 strength and 1 weakness for each of the evaluation methods listed.

Oral questioning- It allows for construction of hypothetic situations to assess learning.
One weakness is that oral questioning can be quite time consuming.

Goal: The student will be familiar with various ways to provide feedback in a nonjudgemental manner.

Objective 1: In class with 90% accuracy, the student will identify items to focus on in an evaluation.

Example: Answer T for true statements and F for False statements.

__T__ Focus feedback on the behavior rather than the person.

__F__ Focus feedback on judgement rather than description.

Goal: The student will be able to develop evaluation tools.

Objective 1: Outside of class, the student will develop a 1-2 page course evaluation tool.

UNIT VIII-EVALUATION

READINGS

Redman. Chapter 9.

McCormick and Gilson-Parkevich. Chapter 6.

Petrello, Judith. "Your Patients Hear You, But Do They Understand?", RN, 39 (February, 1979) 37-9.

Green, Lawrence W. and Figa'Talamana, Irene. 'Suggested Designs for Evaluation of Patient Education Programs', Health Education Monographs, 2(Spring, 1974)54-71.

Green, L.W.,'Evaluation and Measurement: Some Dilemas for Health Education", American Journal of Public Health, 67:155-61, 1977.

McSweeney, M., "Measuring the Effect of Patient Teaching, Diabetes Educator, 7(3)9-15, 1981.

UNIT IX- PROGRAM DEVELOPMENT

Well organized courses benefit the learner and the instructor. Learning is facilitated through thorough planning and the teacher's confidence increased as she has a clear picture of what she is teaching and how she will convey the messages.

Goal: The student will be able to develop a patient or family teaching program.

Objective: Outside of class, the student will develop a course, either expanding on the teaching outline developed for Unit VIII or selecting a new topic. Include:

a. title and instructor and institution
b. course description
c. learning population
d. time required for teaching and number of sessions needed for achievement
e. enrollment capacity
f. goals and objectives
g. content outline (needs to be comprehensive enough so that any nurse, who routinely works with the learner population, can use it to teach the class.)
h. teaching tools and techniques (Include examples of any handouts, etc.)
i. evaluation methodology (Include teaching checklist, quiz, etc, to be used.)
j. references

Goal: The student will be prepared for informal teaching sessions.

Objective 1: In class, the student will participate in a role play using case studies and guideline questions from Clark, Ann L., Hella M. Hakerem, Stephanie C. Basara, and Diane A. Walano. Patient Studies in Maternal and Child Nursing- A Family Centered Student Guide. J.B. Lippincott, Philadelphia, 1966. The student will practice informal teaching techniques.

UNIT IX- PROGRAM DEVELOPMENT

READINGS

Redman. Chapters 10 and 11.

Yura, Helen, and Walsh, Mary B. The Nursing Process: Assessing, Planning , Implementing, and Evaluating, Appleton Century Crofts, New York, 1973.

Talabere, Laurel R., "The Development and Implementation of a Cystic Fibrosis Teaching Plan", Journal of the Association for the Care of Children in Hospitals, 5(Fall, 1976) 18-24.

Chapter 20

Could Tommy Brown's Accident Have Been Prevented?

The Nurse's Role in Accident Prevention and Control

Nursing Management of the Burned Child

Working with Parents of Children Injured by Accident

You are assigned to the nursing care of a child from 7 A.M. to 3:30 P.M. This child has had an accident, and you learn from reading the chart that the patient's name is Tommy Brown, and he is 2½ years old. Mrs. Brown is 35 years of age, and her husband William is 37. There are 2 other children, ages 10 and 8, both of whom are well.

Tommy was admitted yesterday at 6 P.M. from the Emergency Room with a diagnosis of first- and second-degree burns of the upper right arm, including the cubital area. Mrs. Brown states that a cup of hot tea was accidentally spilled on his arm.

In the Emergency Room, Tommy's burned arm was lathered thoroughly and gently and cleansed with phisoHex. A sedative was administered to him.

You further notice on the chart that the doctor ordered open-air treatment, isolation, active exercise to the right arm, medications directed to prevent infection and to relieve pain, forced fluids, intake and output, regular diet and routine laboratory tests.

1. What reaction do you expect from Tommy toward his hospitalization? How can you offer support to Tommy and his parents?
2. What are the criteria for the classification of first- and second-degree burns?
3. What is the rationale underlying the doctor's orders for Tommy?
4. What are the theories underlying the different medical treatments of burns in children?
5. Plan a comprehensive nursing care plan for 2 days. Include present and long-term nursing goals with reasons for each.

You enter Tommy's room and notice that Mrs. Brown is holding Tommy in her arms. Tommy is fretful and crying. His right arm is held close to his body. The arm is pink and mottled red and covered with a few vesicles. He is unhappy, and his mother is trying to soothe him.

MOTHER:

"Sssh, everything is all right. Mommy is here. Stop your crying, Tommy."

(Tommy continues to cry and fret.)

NURSE:

"Good morning. I am Miss _____ and I will take care of Tommy today and tomorrow. I notice that you are holding Tommy."

MOTHER:

"Yes, he seems to be more quiet when I hold him. He is so fretful. I don't know what to do for him. He is always such a good baby, and this isn't like him. Oh, why did it happen to my little baby? I always watch him so carefully! I should have known that he might reach for the tablecloth. He reaches for everything in sight. He's always taking my pots and pans out of the kitchen drawers and plays with them on the floor. It seemed that everything happened at once. I had such a splitting headache. I was late preparing the supper, and I was trying to hurry. I turned my back on him for only a second to answer the kitchen telephone, and look what happened to him! I'll never forget his horrible scream! He pulled the tablecloth and a cup of hot tea spilled on his arm. My poor baby! I don't think that I can ever drink a cup of tea again without thinking of this accident. On second thought, I don't think that I'll ever drink a cup of tea again. Do you think he will be scarred?"

6. What verbal response will be appropriate to make to this mother? Give reasons for your response.
7. What concept or concepts may explain Mrs. Brown's verbal outburst?
8. What cues does Mrs. Brown's behavior indicate to you concerning her self-concept as a mother? What nursing action will you take to explore this mother's feelings in order to offer support to her in this stressful situation.
9. What does Tommy's behavior indicate to you? Explain it to Mrs. Brown in terms that she can understand.
10. What factors in the mother-child relationship may predispose a child to accidents? Document your answer.
11. How could this accident have been prevented? Be specific.
12. What is the leading cause of accidents in Tommy's age group? Using the facts of growth and development, what specific anticipatory guidance will you offer in counseling Mrs. Brown in order to protect Tommy at this age?
13. One of the most important nursing goals in the nursing care of a child with burns is the prevention of contractures. What are some of the measures that you can take to prevent this from happening to Tommy's arm? Explain this situation to Mrs. Brown in terms that she will understand.

When you see Tommy and his mother on the second day, you notice that Mrs. Brown is playing with Tommy and encouraging him to use his right arm. She is handing him blocks one by one and is encouraging him to throw them back to her. Mrs. Brown is smiling and says, "That's good, Tommy. May I please have another one?" He gives her the blocks, smiles, and she says, "Oh,

thank you Tommy. That's very nice." She notices you and says, "Good morning Miss _____. How do you think Tommy looks today?"

NURSE:

"Just fine. He is really enjoying himself playing with you."

MOTHER:

"Yes, he loves these blocks. My husband brought them over last night. These are his favorite blocks. Tommy received them from his grandmother last Christmas, and he just loves to throw them. See how well he uses his right arm when he throws the blocks. He's so much fun to play with! He seems more like himself today. Dr. White examined him this morning and said that his arm is coming along fine and that I should continue to encourage him to raise it. I'm so glad that he uses his right arm."

NURSE:

"He's using that arm very well. That is a good sign."

MOTHER:

"That makes me very happy. But I'm still trying to figure out how this could have really happened."

14. **What verbal response will you make to this mother? Give your reasons.**
15. **What may Tommy's favorite blocks mean to him during his hospitalization?**

NURSE:

"I see that Tommy is drinking grape juice. How much fluid has he taken for you?"

MRS. BROWN:

"Not much. Every time I offer him milk in the cup, he pushes it away, frets and then cries. I don't understand it. He never acted this way before. He's been drinking milk from a cup at home. See, I'll show you."

(Mrs. Brown picks up the cup of milk and offers it to Tommy. He pushes the cup away, begins to whimper, and then starts to cry.)

16. **What does Tommy's behavior indicate to you? Explain Tommy's behavior to Mrs. Brown.**
17. **What is Tommy's daily fluid requirement?**
18. **Often, burns in children become infected. If Tommy's burned area had become infected, what signs and symptoms would he most likely exhibit? (a) When is this type of infection most likely to occur? (b) What nursing action would you plan in caring for Tommy in the above situation? (c) What are some other complications which may occur following a burn in children?**

Toward the end of Tommy's hospitalization, you discuss a safety program for Tommy. Mrs. Brown expresses her appreciation of this and also tells you that she intends to watch Tommy more carefully from now on to avoid further accidents.

19. **What *would* a safety education program for Tommy include in the above situation?**
20. **If Tommy were permanently disfigured due to this accident, how may his self-image be affected? How might the attitudes of the other members of his family be affected? What would your nursing role be in such an eventuality?**

21. **What are the possible psychological reactions to this experience that may have a bearing on later attitudes toward *safety*, of both Mrs. Brown and Tommy?**
22. **In what way or ways do the growth and the development patterns of children affect the occurrence of accidents at different age levels:**
    A. Infant
    B. Toddler
    C. Preschooler
    D. School age
    E. Adolescent
    According to statistics, what is the leading cause of death in each of the above age groups?
23. **It is the responsibility of professional people in the community who come in direct contact with children to help to prevent accidents. What is your role and function in this regard?**
24. **What are the sources of available safety education materials in your community?**
25. **Evaluate the community in which you live and the hospital in which you are having your learning experiences with regard to the emphasis on safety measures for children. List any constructive changes which you think are necessary and include your reasons.**

Bibliography

Accident Preventions: A Handbook for Public Health Nurses, Washington, D. C., U. S. Superintendent of Documents, U. S. Government Printing Office, Public Health Service Publication No. 670, 1960.

Accident Prevention: The Role of Physicians and Public Health Workers, New York, McGraw-Hill, 1961.

Accidental Death and Injury Statistics, Washington, D. C., Public Health Service Publication No. 4, October, 1963.

Accidents and Children: Washington, D. C., Children's Bureau Publication No. 48, 1959.

ADAMS, W. C.: "Poison Control Centers: Their Purpose and Operation," *Clinical Pharmacology and Therapeutics*, 4:293 (May-June, 1963).

AXLINE, V. M.: *Play Therapy*, New York, Houghton Mifflin, 1947.

BARTON, P. H.: "Play as a Tool of Nursing," *Nursing Outlook*, 10:162 (March, 1962).

Behavioral Approaches to Accident Research, New York, Association for the Aid of Crippled Children, 1961, pp. 90-102; 103-109; 110-120; 121-135.

BENNETT, H.: "Burns, First Aid and Emergency Case," *American Journal of Nursing*, 62:96 (October, 1962).

BENZ, G. S.: *Pediatric Nursing*, ed. 5, St. Louis, Mosby, 1964, Chapter 6; pp. 93-103; 369-375.

BLAKE, F.: *The Child, His Parents and the Nurse*, Philadelphia, Lippincott, 1954, pp. 165-210.

BLAKE, F., and WRIGHT, F.: *Essentials of Pediatric Nursing*, Philadelphia, ed. 7, Lippincott, 1963, pp. 79-80; 478-484; 494-496.

BOWLBY, J.: *Separation Anxiety: A Critical Review of the Literature*, reprint Child Welfare League of America, Inc., 44 E. 23rd St., N. Y., N. Y., 1962, pp. 251-269.

BOWLBY, J., ROBERTSON, J., and ROSENBLUTH, D.: "A Two-Year-Old Goes to Hospital," *Psychoanalytic Study of the Child*, 7:82 (1952).

BRECKENRIDGE, M. E., and VINCENT, E. L.: *Child Development*, ed. 4, Philadelphia, Saunders, 1960.

CAPLAN, G.: *Concept of Mental Health and Consultation: Their Application in Public Health Social Work*, Washington, D. C., Children's Bureau, 1959.

CATCHINGS, M. W.: "The School Nurse

and Accident Prevention," *Nursing Outlook*, 6:108 (February, 1958).

CHISOLM, J., and HARRISON, H.: "The Exposure of Children to Lead," *Pediatrics*, 15:943 (December, 1956).

CORSA, L. JR., and STALLONES, R. A.: Epidemiologic Study of Childhood Poisoning in Two California Counties, *Pediatrics*, 28:480 (September, 1961).

COWIN, R.: "Social Factors in Treating Burned Children," *Children*, 11:229 (November-December, 1964).

DAVIS, E. L.: "If It's Happened to a Hospitalized Kid, It's Happened to Shotzie —in Spades!" *Hospital Topics*, 44:61 (November, 1963).

DENNIS, J. M., and KAISER, A. D.: "Are Home Accidents in Children Preventable?" *Pediatrics*, 13:568 (1954).

DIETRICH, H. F.: "Accident Prevention in Childhood," reprint from *Crippled Child*, National Society for Crippled Children and Adults, Chicago, 1955.

———: "Clinical Application of the Theory of Accident Prevention in Childhood," *American Journal of Public Health*, 42:849 (July, 1952).

———: "Prevention of Childhood Accidents, What Are We Waiting For?" Reprint from *Journal of the American Medical Association*, 156:929 (November 6, 1954).

———: "The Role of Education in Accident Prevention," *Pediatrics*, 17:297 (February, 1956).

———: "Your Child's Safety (Something Really To Worry About)," Nationwide Insurance Co., 246 N. High St., Columbus 16, Ohio, 1955.

DIETRICH, H. F., and GRUENBERG, S. M.: "Your Child's Safety," *Public Affairs Pamphlet* No. 225, 22 E. 28th St., N. Y. 16, N. Y.

DIMOCK, H. G.: *The Child in Hospital*, Philadelphia, Davis, 1960.

DYKSTRA, P.: *Survey of Injuries Involving Toys and Playthings Sustained by Children in Florida*, Chicago, National Safety Council, 1962.

ENGEL, G. L.: *Psychological Development in Health and Disease*, Philadelphia, Saunders, 1963, Chapters 9, 10.

ERICKSON, F. H.: *Play Interviews for Four-Year-Old Hospitalized Children*, Lafayette, Indiana, Child Development Publication, Purdue University, 1958.

———: "Reactions of Children to Hospital Experience," *Nursing Outlook*, 6:501 (September, 1958).

———: "The Toddler During Illness," *Hospital Topics*, 42:95 (September, 1964).

GESELL, A.: *The First Five Years of Life: A Guide to the Study of the Preschool Child*, New York, Harper and Brothers, 1940.

GODDARD, J. L.: "Childhood Accidents," *Children*, 6:83 (May-June, 1959).

GOULD, M.: "A Child With Burns," *American Journal of Nursing*, 61:101 (December, 1961).

GREENBLUM, J.: "The Control of Sick-Care Functions in the Hospitalization of a Child: Family Versus Hospital," *Journal of Health and Human Behavior*, 11:32 (Spring, 1961).

HAMILTON, T. S.: "Their Playroom is a Circus," *Modern Hospital*, 91:84 (December, 1958).

HORGAN, P.: "How They Battle To Save the Badly Burned," *R. N.*, 26:46 (February, 1963).

HUNT, A. D., and TRUSSELL, R. E.: "They Let Parents Help in Children's Care," *Modern Hospital*, 85:89 (September, 1955).

Infant Care, Washington, D. C., Children's Bureau Publication, No. 8, 1963, pp. 68-71.

Jane Ashley's Finger Paint and Craft Colors, New York, Jane Ashley Home Service Department, Corn Products Refining Co., 17 Battery Place, N. Y. 4, N. Y.

JENSEN, G. D., and WILSON, W. W.: "Preventive Implications of a Study of 100 Poisonings in Children," *Pediatrics*, 25: 490, Part 1 (March, 1960).

JENKINS, C. D., and MELLINS, R. B.: "Lead Poisoning in Children," *AMA Archives of Neurology and Psychiatry*, 77:70 (January, 1957).

JEWETT, T. C.: "Accidental Trauma in the School-Age Child," *Journal of School Health*, 32:201 (1962).

JOSSELYN, I. M.: *Psychosocial Development of Children*, ed. 5, New York, Family Service Association of America, 1954.

KANGERY, R. H.: "Children's Answers," *American Journal of Nursing*, 60:1748 (December, 1960).

KOUMANS, A. J. R.: "A New Aspect of 'Accidental' Poisoning in Childhood," *Pediatrics* 25:1067 (June, 1960).

KRALL, V.: "Personality Characteristics of Accident Repeating Children," *Journal of Abnormal Social Psychology*, 48:99 (1953).

LANGFORD, W. S.: "The Child in the Pediatric Hospital: Adaptation to Illness and Hospitalization," *American Journal of Orthopsychiatry*, 31:667 (October, 1961).

Large Accident Toll Among Preschool Children, Statistical Bulletin, New York Metropolitan Life Insurance Co., 44:5 (October, 1963).

"Liberal Visiting Policies for Children in Hospitals," A Report of the Citizens Committee on Children of New York City, Inc., *Journal of Pediatrics*, 46:710 (June, 1955).

LONG, R. T., and COPE, O.: "Emotional Problems of Burned Children," *New England Journal of Medicine*, 264:1121 (June 1, 1961).

LOURIE, R. S., *et al.*: "Why Children Eat Things That Are Not Food," *Children*, 10:143 (July-August, 1963).

LOWREY, G. H. "The Problem of Hospital Accidents to Children," *Pediatrics*, 32: 1064 (December, 1963).

MCFARLAND, R. A.: "Epidemiologic Principles Applicable to the Study and Prevention of Child Accidents," *American Journal of Public Health*, 45:1302 (1955).

MCFARLAND, R. A., and MOORE, R. C.: "Youth and the Automobile," New York, Association for the Aid of Crippled Children, p. 16, (Copyrighted 1960 by Golden Anniversary White House Conference on Children and Youth, Inc.).

MADORE, E. C., and DEUTSCH, B. Y.: "Talking With Parents," *American Journal of Nursing*, 62:108 (November, 1962).

MANTZ, G.: "Safety Education in Public Schools," *Nursing Outlook*, 10:661 (October, 1962).

MATTIS, G.: "Accident Prevention and Nursing," *Public Health Reports*, 76: 853 (October, 1961).

MELLINS, R. B., *et al.*: "The Natural History of Poisoning in Childhood," *Pediatrics*, 17:314 (1956).

MEYER, R. J.: "Acetylsalicylic Acid (Aspirin) Poisoning," *American Journal of Diseases of Children*, 102:17 (1961).

MILLICAN, F. K., LOURIE, R. S., and LAYMAN, E. M.: "Emotional Factors in the Etiology and Treatment of Lead Poisoning," *A.M.A. Journal of Diseases of Children*, 91:144 (February, 1956).

MUSSEN, P. H.: *The Psychological Development of the Child*, Englewood Cliffs, N. J., Prentice-Hall, 1963.

MUSSEN, P., CONGER, J., and KAGAN, J.: *Child Development and Personality*, ed. 2, New York, Harper and Row, 1963, pp. 153-225.

NELSON, W. E. (ed).: *Textbook of Pediatrics*, ed. 8, Philadelphia, Saunders, 1964, pp. 158-159; 204-205.

Obedience Means Safety for Your Child, American Academy of Pediatrics, Evanston, Ill., 1960.

O'CONNELL, E. A., and BRANDT, P.: "Liberal Visiting Hours for Parents," *American Journal of Nursing*, 60:812 (June, 1960).

PEPLAU, H. E.: *Interpersonal Relations in Nursing*, New York, Putnam, 1952, Chapter 7.

PLANK, E. N.: *Working With Children in Hospitals*, Cleveland, Press of Western Reserve University, 1962.

"Protect Your Baby," Evanston, Ill., Accident Prevention Committee of American Academy of Pediatrics, 1960, (Individual sheets for different age groups).

PRUGH, D. G., *et al.*: Study of Emotional Reactions of Children and Families to Hospitalization and Illness," *American Journal of Orthopsychiatry*, 23:70 (January, 1953).

ROBERTSON, J.: *Hospitals and Children: A Parent's Eye-View*, New York, International Universities Press, 1962.

———: *Young Children in Hospitals*, New York, Basic Books, 1958.

Rockland County: Child Injury Prevention Project, Rockland County Department of Health, County Office Building, New City, N. Y., July, 1964 (Study to test effects of public health education regarding incidence of accidents to children).

ROGERS, K. D.: "Preventable Accidents in Preschool Children," *Nursing Outlook*, 4:552 (October, 1956).

ROLEN, M.: "The Nurse's Role in Accident Prevention," *Nursing Outlook*, 3:588 (November, 1955).

"Responsibility Means Safety for Your Child," *American Academy of Pediatrics*, Evanston, Ill., 1964.

Safe at Home and in the Community, Boston, Mass., John Hancock Mutual Life Insurance Co., 1957.

SESSOMS, D.: "A Safety Project in Elementary School," *American Journal of Nursing*, 60:1288 (September, 1960).

SHOEMAKER, R. A., and BIGELOW, E. E.: "The Disappearing Playroom," *Nursing Outlook*, 7:156 (March, 1959).

SIMMONS, D. A.: "Why Does He Do These Things?" (Accidental Poisoning) *Nursing Outlook*, 9:408 (July, 1961).

SIPOWICZ, R. R., and VERNON, D. T. A.: "Psychological Responses of Children to Hospitalization," *American Journal of Diseases of Children*, 109:228 (March, 1965).

SMITH, M.: "Ego Support for the Child Patient," *American Journal of Nursing*, 63:90 (October, 1963).

SOBEL, R., and MARCOLIS, J. A.: "Repetitive Poisoning in Children: A Psychosocial Study," *Pediatrics*, 35:641 (April, 1965).

STUART, H. C., and PRUGH, D. G. (eds.): *The Healthy Child*, Cambridge, Harvard University Press, 1960, pp. 109-116; 170-176; 286-290; 358-361.

SUCHMAN, E. A., SCHERZER, A. L.: *Current Research in Childhood Accidents*, New York Association for the Aid of Crippled Children, 1960, section 2.

The Adolescent in Your Family, Washington, D. C., Children's Bureau Publication No. 347, reprinted 1963, pp. 90; 104.

The Prevention of Accidents in Childhood, report on a Seminar sponsored by the Regional Office for Europe of the World Health Organization, Spa, Belgium, July 16-25, 1958, Chapter 2, distributed by Regional Office for Europe, World Health Organization, Copenhagen, 1960.

"Unmet Needs of Accident Prone Children (The)," *Safety Education Magazine*, March, 1958, National Safety Council, Chicago.

VERNON, D. T., and SCHULMAN, J. L.: "Hospitalization as a Source of Psychological Benefit to Children," *Pediatrics*, 34:694 (November, 1964).

VIGLIANO, A., HART, L., and SINGER, F.: "Psychiatric Sequelae of Old Burns in Children and Their Parents," *American Journal of Orthopsychiatry*, 34:753 (July, 1964).

WALLACE, H. M.: *Health Services for Mothers and Children*, Philadelphia, Saunders, 1962, Chapters 15, 27.

WATSON, E. J., and JOHNSON, A.: "The Emotional Significance of Acquired Physical Disfigurements in Children," *American Journal of Orthopsychiatry*, 28:85 (January, 1958).

WEBB, C.: "Communicating in Pediatrics," *American Journal of Nursing*, 60:194 (February, 1960).

When a Child Goes to the Hospital, American Society of Anesthesiologists, Inc., 515 Busse Highway, Park Ridge, Ill.

WILLIAMS, F. J.: "Nurses Have Much To Do About Poison Control," *Nursing Outlook*, 6:93 (February, 1958).

Your Child From One to Six, Washington, D. C., Children's Bureau Publication No. 30, 1962, pp. 6-8; 74-76; 89-92.

Your Child From Six to Twelve, Washington, D. C., Children's Bureau Publication No. 324, 1963, pp. 118-119; 130-131.

WU, R.: "Explaining Treatments to Young Children," *American Journal of Nursing*, 65:71 (July, 1965).

EVALUATION

Students need to achieve at least 90% of the objectives to pass the class. Assignments will be graded on a pass-fail basis or according to the stated criteria, with the exception of the teaching plan in unit VII and the course plan in Unit IX which will be graded on a letter basis. If 90% of the objectives are met, the final grade will be determined by the grades on the papers in Unit VII and IX.

Course revision will be assessed through a course evaluation given at midterm and one at course conclusion. If, at midterm, less than 80% of the class is passing supplemental learning activities will be set up in the learning lab. The course units will continue as initially scheduled.

I expect 98% of the students will achieve the objectives. The other 2% will either drop the class or be unable to achieve the objectives even after supplemental learning activities and 1:1 conferences with the instructor and will receive an F.

STUDENT PERCEPTIONS OF LEARNING AND TEACHING

The items on this questionnaire ask you to comment on various aspects of your course.

This questionnaire includes assessment of your perception of your own learning and perception of characteristics related to instructor effectiveness.

Thank you for taking the time to complete this form thoughtfully. Your answers and comments will help your teacher improve the course. Results will be distributed to instructors at the beginning of the next quarter.

Date: _____ Class standing: (circle)

Course: _____ FR SOPH JR SR GRAD

Instructor: _____ Sex: (circle) M F

GPA in all courses at this university:

3.5-4.0 ____ 2.0-2.4 ____

3.0-3.4 ____ 0-1.9 ____

2.5-2.9 ____

Use the following scale:

1-almost never/almost nothing 4-often or much

2-seldom or little 5-very often

3-occasionally or moderate 6-almost always, a great deal

Leave the item blank if not applicable.

	(Circle)
1. The objectives of the course were clear.	1 2 3 4 5 6
2. Course sessions were well organized, presented in a logical order.	1 2 3 4 5 6
3. Class sessions increased my knowledge and competence of the subject material.	1 2 3 4 5 6
4. Assigned readings and outside work complemented basic course material.	1 2 3 4 5 6

5. The readings were interesting.	1 2 3 4 5 6
6. I understood what was expected and how work would be graded.	1 2 3 4 5 6
7. My work was graded fairly and carefully.	1 2 3 4 5 6
8. The exams covered the most important aspects of the course material.	1 2 3 4 5 6
9. Rate the emphasis of the exams: (Scale: (1) emphasizes critical judgement and perspective to (5) emphasizes recall of specific course material.	1 2 3 4 5
10. The instructor introduced new concepts so fast I couldn't grasp them.	1 2 3 4 5 6
11. The instructor encouraged me to think independently.	1 2 3 4 5 6
12. The instructor stimulated me to learn more about the subject.	1 2 3 4 5 6
13. The professor relates material to other fields.	1 2 3 4 5 6
14. The instructor was knowledgeable of the subject matter.	1 2 3 4 5 6
15. The professor used good examples of concepts drawn from research or experience.	1 2 3 4 5 6
16. The professor encouraged class interaction; students were free to ask questions, disagree, express ideas, etc.	1 2 3 4 5 6
17. The instructor was available for personal help, if needed.	1 2 3 4 5 6
18. The instructor keeps students informed of progress.	1 2 3 4 5 6
19. The professor was enthusiastic.	1 2 3 4 5 6
20. The professor was creative.	1 2 3 4 5 6
21. In relation to all your other courses rate the work load in this course. (1) light (5) excessive.	1 2 3 4 5

Use the following scale for the next two questions.

1-poor 2-fair 3-good 4-very good 5-excellent

22. Rate the professor's teaching effectiveness for you.	1 2 3 4 5

23. Rate the value of the course as a whole. 1 2 3 4 5

24. Elaborate on any previous questions.

25. What do you feel are the strengths and weaknesses of the professor?

26. How do you feel the course could be improved?

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